

Road to Universal Health Coverage: Insights from Chhattisgarh State, India



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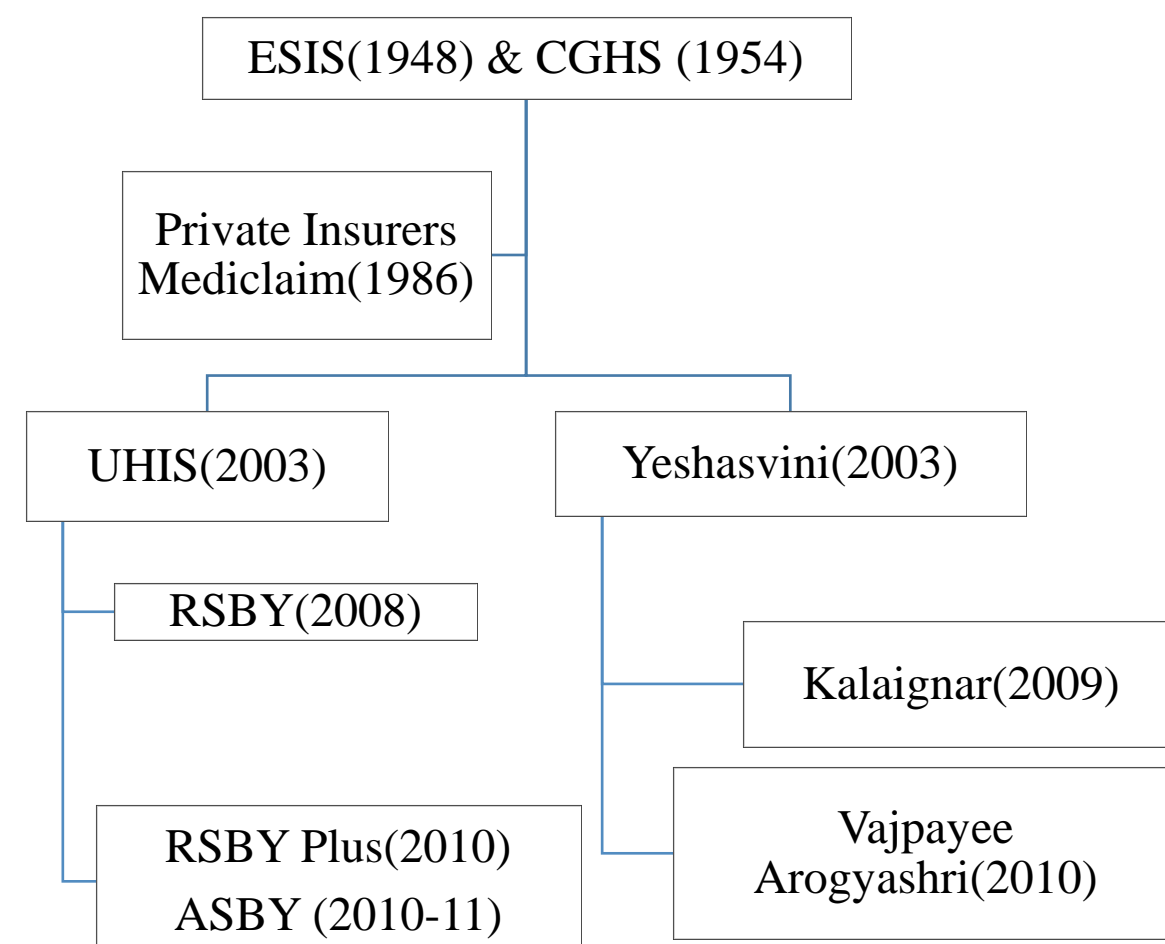
Introduction & Motivation

- Annually 63 million people fall back to poverty due to catastrophic health expenditure (National Health Policy, 2015)
- \$4.58 trillion (2010 dollars) lost in output expected between 2012-2030 due to NCDs (World Economic Forum, 2014)

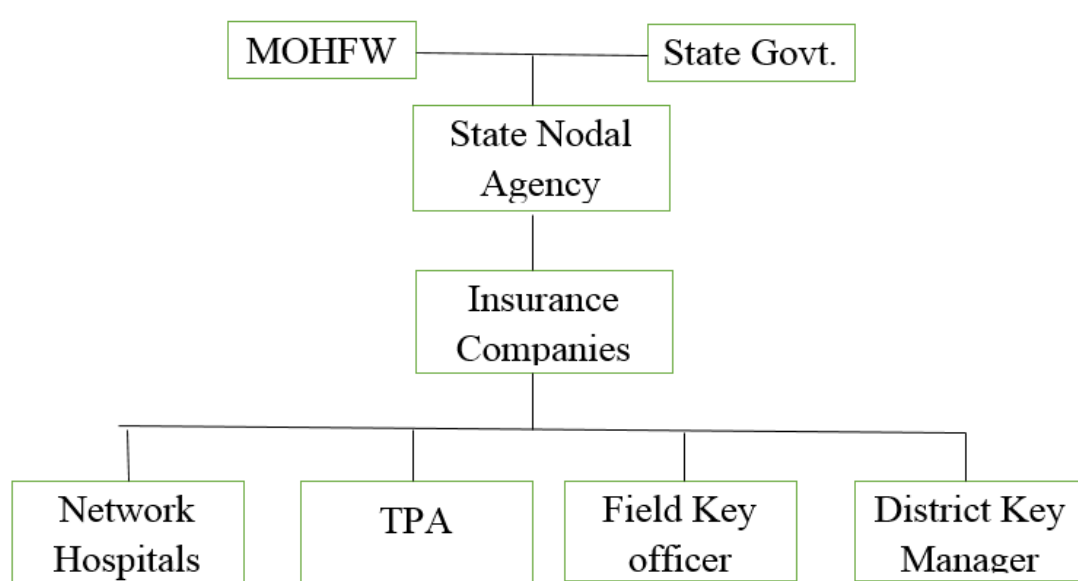
Major healthcare reforms

SUPPLY SIDE- National Health Mission launched by Center in 2005

DEMAND SIDE- Social Insurance schemes



RSBY Institutional Framework



Research Objective

- To assess State's pathway to Universal Health Coverage with regard to
- Healthcare financing,
 - Utilization Trend, and
 - Quality providers

Why Chhattisgarh?

- Operationalized in 2009, RSBY is running into sixth round in CG
- 92 percent of BPL families covered (55% national avg)
- MSBY(Mukhya-mantri Swasthya Bima Yojna), replica of RSBY, launched in 2012

Research Question 1- FINANCIAL

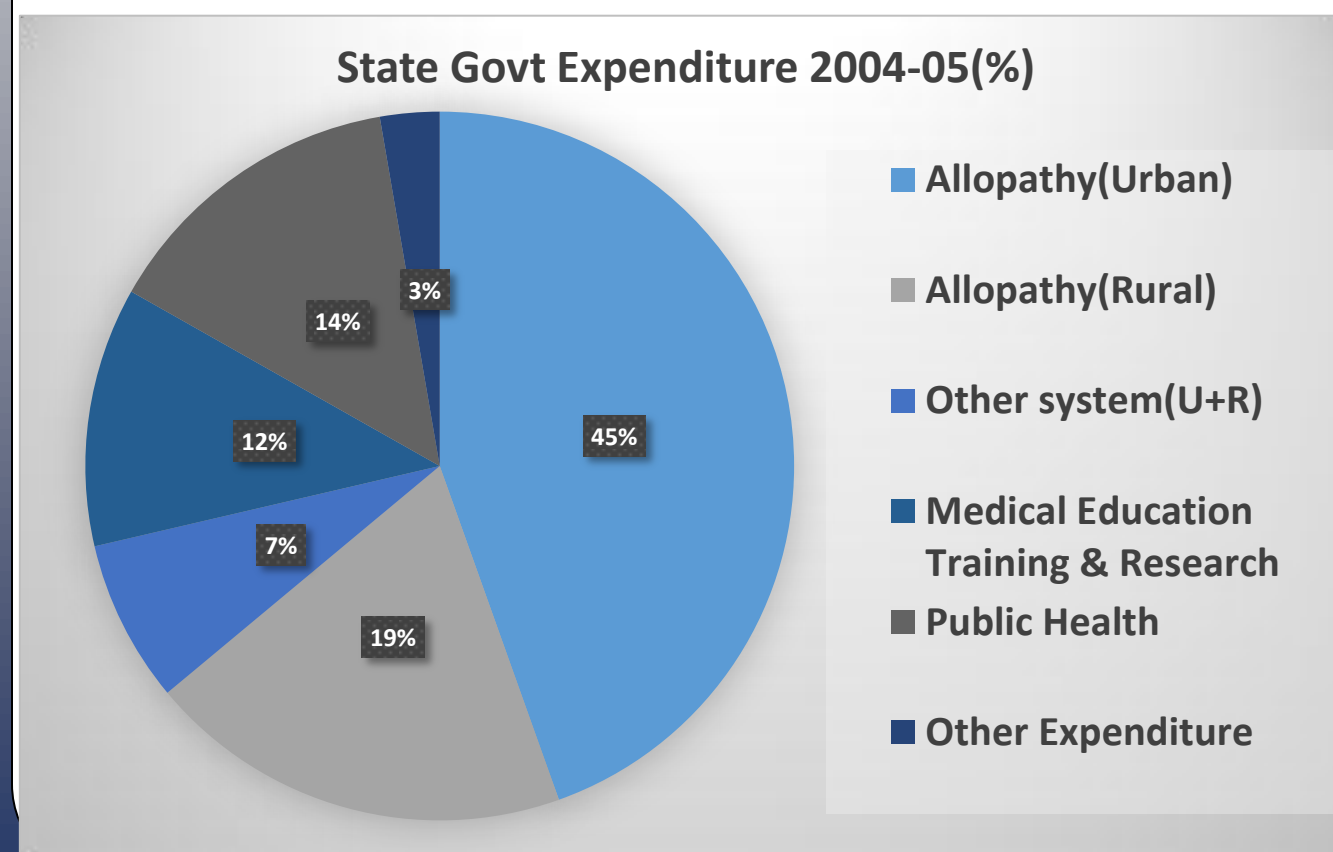
Is resource allocation over the years for different functions of healthcare in the State is in sync with healthcare priorities?

Communicable Disease Prevalence(2012)

Disease	Cases	Death
Malaria	99,480	89
Diarrhea	108,238	26
Typhoid	54,417	6
Respiratory Inf	279,103	39

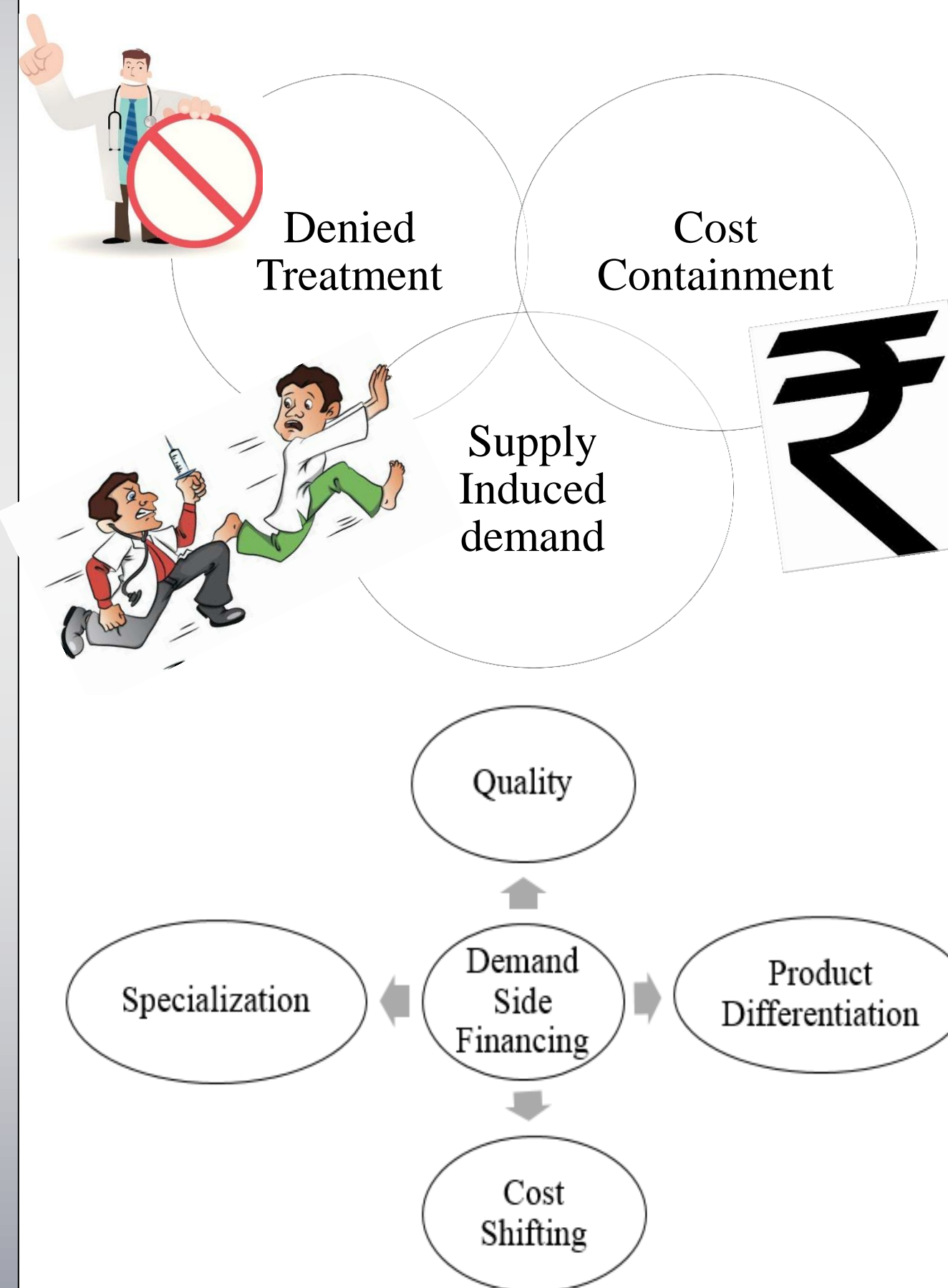
Non Communicable Disease	Prevalence	Latest Report Year
Blindness	111.2/1000 (Age 50+)	2004
Immunization	68.50%	2008
Anemia in expecting mothers	63.10%	2006

Source: health status indicators 2012



Research Question 2- QUALITY

- (2A) Is phenomena of case specialization observed between private & Public hospitals post RSBY ?
- (2B) What is the Age-wise distribution and Length of Stay for standard surgeries in public vs. private hospitals?



Data & Methods

- NSSO 60th & 71st Round
 - District Health Surveys, State & National Health profile reports
 - Qualitative interviews of stakeholders
- Methods:
- Creation of Regional Health Accounts
 - Disaggregate Analysis

Procedures under study

Package Name	LOS	Package Rate
Cataract	D	8,000
Casearean delivery	5	8,500
Normal Delivery	1	6,000
Conventional Tubectomy	2	2,500

Potential Contribution

- Provide early empirical evidence of utilization pattern under RSBY- A promising UHC scheme
- Contribute to the ongoing debate of government as provider or financer of healthcare
- Highlight state level dynamics of disease burden, actual & required expenditure and quality providers
- Underlines case-mix of public and private hospitals

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